

FEC FORM 3LRECEIVED.
SECRETARY OF THE SENATE**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**

OCT 20 PM 4:40

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

ADDRESS (number and street) 120 Maryland Ave. NE

☐ Check if different than previously reported. (ACC) Washington DC 20002 -

CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER**

C C00042366

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. **STATE DISTRICT**

DC

For Candidates Only

5. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE) and/or Semi-annual Report
- ☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☒ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

- (c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Special (12S) ☐ Convention (12C)

Election on MM / DD / YYYY in the State of XX

This report also covers the semi-annual period

☐

See Line 6(b)

- (d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of XX

This report also covers the semi-annual period

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See Line 6(b)

6. **Covered Period(s)**

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers MM / DD / YYYY through MM / DD / YYYY and/or ☐ January 1 - June 30 ☐ July 1 - December 31

7. **Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs**

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

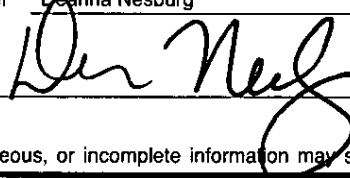
(b) Semi-annual Covered Period

29500.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Deanna Nesburg**

Signature of Treasurer



Date

MM / DD / YYYY

10 / 20 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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02/2009

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